

Appendix A: Waiver Administration and Operation

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

a. Methods for Discovery: Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i. Performance Measures

Of the total number of Division of Developmental Disabilities (DDD) QI committee meetings, the total number of meetings in which the Medical Assistance Unit staff participated.

Data Source: Meeting Minutes

Responsible Party for data collection: State Medicaid Agency

Frequency of data collection: Annually

Sampling Approach: 100% Review

Data Aggregation and Analysis: State Medicaid Agency

Frequency of data aggregation and analysis: Annually

ii. Additional information on the strategies employed by the state to discover/identify problems/issues within the program including frequency and parties responsible.

The frequency of the oversight is related to the oversight activity or collaborative projects and tasks, and ranges from monthly budget activities to annual reporting activities. The Nebraska Department of Health and Human Services is the Single State Medicaid Agency. The DHHS Chief Executive Officer has delegated the functions of the Single State Medicaid Agency to the State Medicaid Director in the Division of Medicaid and Long Term Care Services. The State Medicaid Director has the ultimate authority for all of Nebraska's Medicaid services.

The DHHS DDD Quality Improvement efforts for Community Based Services are coordinated through the DDD QI Committee (QIC), comprised of representatives from DDD Central Office, DHHS Medicaid, and DDD Service Coordination. The DHHS Licensure Unit provides aggregate data as requested. The QIC meets quarterly and reviews aggregate data for statewide monitoring, incidents, complaints, investigations, and certification and review surveys, to identify trends and consider statewide changes that will support service improvement. The Committee also reviews data and reports on subjects, including, but not limited to:

- HCBS waiver service requirements
- Licensure Unit investigations, and
- Service utilization information.

The continuing efforts are to oversee and refine the formal design and implementation of QI systems that allow for systematic oversight of services across the state by the QIC, while ensuring utility of the information at the local level. A regular reporting schedule has been developed to ensure regular review of the results of the various QI functions. The minutes show review of results and recommendations for remediation, both to address issues that have been identified and to proactively decrease the likelihood of similar problems occurring in the future.

The QIC receives reports and information and provides/shares feedback and support to the service districts. The MLTC representative verbally reports activities of the QIC to his/her administrator and/or the Medicaid Director and makes all meeting minutes and reports available for his review.

A continuous evaluation component is built into the system for evaluation of utility, information received, and effectiveness of strategies.

The Division's quality assurance efforts include a Continual Quality Improvement (CQI) system to effectively monitor community-based placements and programs with appropriate protections, services, and supports. This is partially accomplished through active monitoring for *individuals* in services through local Service Coordination offices.

In order to assure protections, services, and supports on a *systems* level, the Division has established a formal certification and review process in accordance with state regulations, contract specifications, and state waiver requirements for provider agencies providing specialized services. This certification process includes certification and service reviews of community-based providers and programs by DDD Surveyor/Consultants, who are scheduled to visit providers in accordance with the initial provisional, 1-year, or 2-year certifications issued by the

Division. The purpose of the reviews is to identify gaps and weaknesses, as well as strengths, in specialized services provided on a statewide level. In order to ensure continued certification as a provider of DD specialized services, a formal plan of improvement is required to ensure remediation of review findings that need to be addressed. On an ongoing basis, incidents and complaints associated with certified providers which have been reported to the Division are reviewed and appropriate levels of follow-up are conducted.

The DD Division QI operational framework and procedures are as follows:

A. PDSA (Plan, Do, Study, Act) for testing changes to the QI Data Collection Process:

1. Plan
 - What is Being Measured?
 - Why is it Being Measured?
 - What is the Data Source?
 - Who is Responsible?
2. Do
 - What Will Be Done and
 - How Frequently Will It Be Done?
 - How Will Data Be Collected
 - Who Will Collect the Data?
 - How/Who Will Aggregate the Data and Generate Reports?
 - In What Format Will Data Be Reported?
3. Study
 - Who/When Will Results be Reviewed and Interpreted?
 - To Whom Will Recommendations be Made/Timeframes?
4. Act
 - Who Will Implement/Over-See Recommended Changes?

B. Reporting Data

1. Process of Aggregating Data and Monitoring Data Trends

Data are aggregated through queries from systems where data are entered directly by the worker or reporter. These systems include

 - InfoPath,
 - SAS,
 - N-FOCUS,
 - A web-based service system used for budgeting and case management
 - SharePoint, and
 - OnBase.

For data that are not entered directly into a system, data are derived from individual source documents such as audits of files or certification reports and manually tabulated as necessary.

2. Report Formats

Reports reflect information via graphs, tables, and narratives. QIC minutes display meeting topics and discussion, as well as action plans or follow-up categorized by performance measures.

C. Communicating Results

Aggregate data are shared through the QIC with DD Administrative staff, Service Coordination, and other stakeholders. Data reports are submitted as requested to CMS representatives and the Department of Justice Independent Expert.

D. Using Data for Implementing Improvement

Data are reviewed on at least a quarterly basis through the QIC and DD Administration. Appropriate recommendations, action plans, and follow-up are included within the QIC minutes.

E. Assessment of the Effectiveness of the QI Process

Contributors to the assessment of the QI process can be determined through CMS audit and onsite visit reports and findings. In addition, effectiveness is also measured through the relevancy that collected data have in providing useful information on the timeliness and quality of services provided through Community Based services.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

Under the area of administrative authority, individual problems are not discovered.

- ii. **Remediation Data Aggregation**
Responsible Party – State Medicaid Agency

Frequency of data aggregation and analysis – quarterly, annually, or as determined by the State Medicaid Director, the DDD QI Committee and/or the Deputy Director of DDD.